DOCUMENT RESUME

ED 404 022 PS 025 031

TITLE	Baselines and Benchmarks: Indicators of Well-Being for Iowa Children.
INSTITUTION	Iowa Kids Count Initiative, Des Moines.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	95
NOTE	31p.
PUB TYPE	Statistical Data (110) -- Reports - General (140)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Adolescents; Birth Weight; Child Abuse; Child Neglect; *Children; Demography; Dropout Rate; Early Parenthood; Family (Sociological Unit); Infants; Mortality Rate; Social Indicators; State Surveys; *Trend Analysis; Violence; *Well Being
IDENTIFIERS	*Benchmarking; Child Mortality; Indicators; *Iowa

ABSTRACT

This statistical report examines trends in children's well-being in Iowa. Data are based on eight indicators: (1) infant mortality rate; (2) percent of births with low birth weight; (3) birth rates to teenagers age 16 to 17 years; (4) percent of all births to unmarried teenagers; (5) child abuse and neglect rates; (6) percent of students entering seventh grade who graduate with their class 6 years later; (7) death rate of children age 1 to 14 years; and (8) violent death rate of teenagers age 15 to 19 years. Part 1 of the report establishes baselines for the eight indicators and provides 16-year trend data. Part 2 presents benchmarks for each indicator for the year 2000 and beyond, derived from comparisons with achievements in other locations in the country or the world, or with expert analysis of improvements possible given today's understanding and technology. Part 3 presents graphically the trend data for each indicator in metropolitan, small urban, and rural counties. Overall results of the analysis show that Iowa currently fares well on the condition of its children. In the last 2 years, Iowa has ranked second and third in a national ranking of well-being indicators. The data also indicate, however, that state goals outlined in the report's benchmarks will not be achieved without dramatic changes in general trends. (KDFB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 404 022

Baselines and Benchmarks

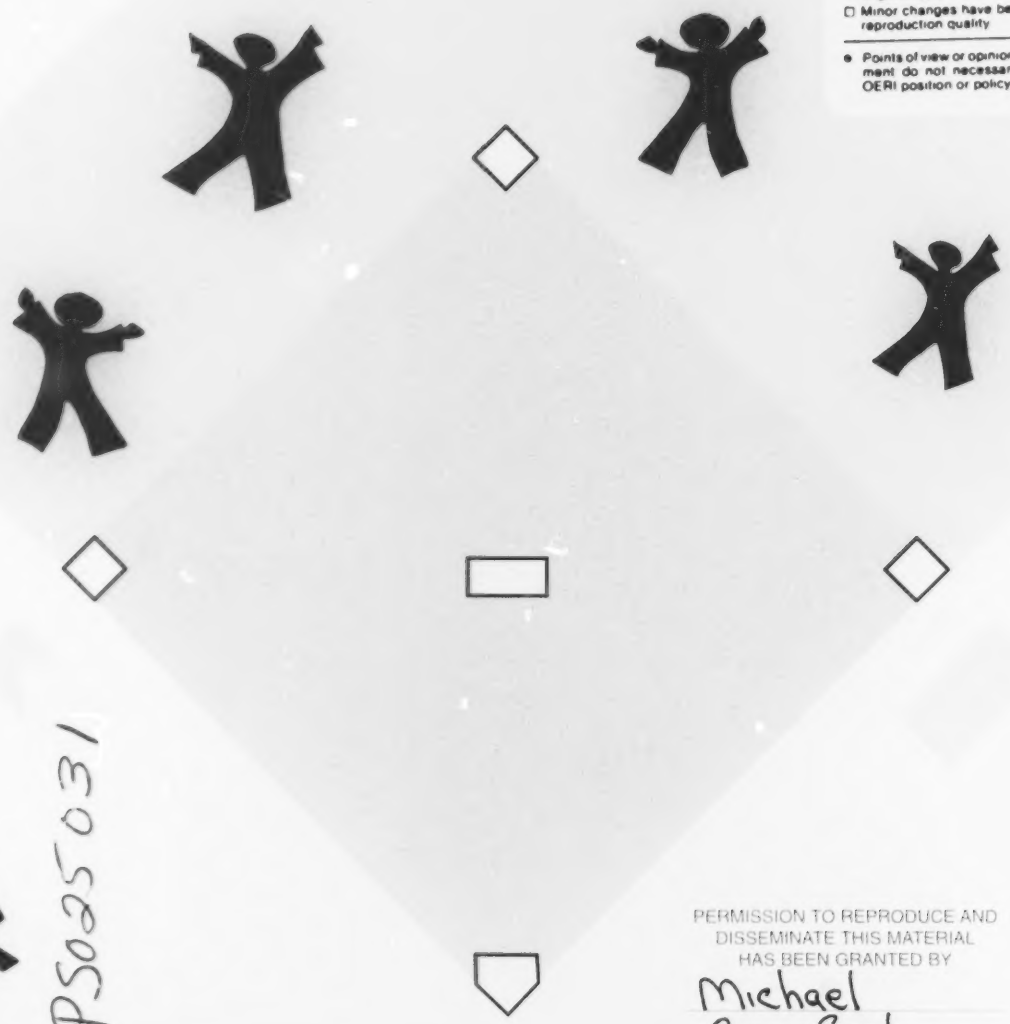
Indicators of Well-Being for Iowa Children

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy



PS025031

IOWA KIDS COUNT

A Publication of Iowa Kids Count
1021 Fleming Building
218 6th Avenue
Des Moines, Iowa 50309

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Michael Crawford

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

Baselines and Benchmarks

Indicators of Well-Being for Iowa Children

1995

Iowa Kids Count is affiliated with National Kids Count
and funded by the Annie E. Casey Foundation

BEST COPY AVAILABLE

The Iowa Kids Count Initiative is funded by a grant from the Annie E. Casey Foundation, which also supports a national Kids Count data book tracking trends in child well-being across the fifty states. Iowa was one of the first eight state projects funded, and 1996 marks the sixth year of the Iowa Kids Count Initiative. The Iowa Kids Count Initiative is administered by the Child and Family Policy Center with a steering committee composed of representatives from the Iowa State University Extension Service, the Iowa State Library, the Commission on Children, Youth and Families, and the Iowa Department of Human Services.

Table of Contents

Foreword 1

Part One: Baselines

Child Well-Being in Iowa—Identifying and Interpreting Trends..... 2

Part Two: Benchmarks

Setting Targets for Improving the Well-Being of Iowa's Children..... 8

Part Three: Metropolitan, Small Urban, and Rural Baselines

Similar Trends, Different Challenges..... 14

Acknowledgements and For Further Information. 24

Foreword

Children represent our future. Their well-being is critical to that of society as a whole.

These self-evident expressions increasingly are part of national and state dialogues on public policy. What can government do to insure the safety, security, and development of its children and youth? How can it be held accountable to that fundamental responsibility?

A first step to establishing accountability is to understand current conditions and trends in child well-being. A second step is to establish realizable goals and objectives regarding those trends. A third step is to build public awareness of these conditions, trends, goals, and objectives. A fourth step is to develop strategies and policies, and act upon them.

This year's Iowa Kids Count data book, *Baselines and Benchmarks*, focuses upon the first three steps. It presents information on conditions, trends, and realizable objectives for the well-being of Iowa children. As in past data books, *Baselines and Benchmarks* focuses upon eight key indicators of child well-being, ones which cover the dimensions of educational, health, and social well-being. It is called *Baselines and Benchmarks* because it seeks to set these data in a context that can be used to set goals and hold us accountable for achieving them. Part One establishes baselines for the eight Iowa Kids Count indicators, providing sixteen-year trend data on these indicators. Part Two draws from existing Iowa activities in constructing benchmarks for each of these indicators for the 21st Century.

In addition to providing statewide trend data, *Baselines and Benchmarks* also breaks down data by county size, distinguishing among metropolitan, small urban, and rural counties. Part Three provides trend data for each of these groupings of counties. Many of the issues and most of the trends are the same for each of these groupings. Baselines are different among these groupings, however, and suggest different areas of emphasis. Next year's Kids Count data book, scheduled for publication in early 1997, will provide such trend data for each of Iowa's ninety-nine counties.

Iowa fares well among states on the condition of its children. In the last two years, Iowa has ranked 2nd and 3rd among all states on national Kids Count rankings. This report, however, suggests that Iowa can and should improve — that these comparisons do not measure either the direction Iowa should be heading or the goals it should set for itself. Iowa's future is bright only if it can alter the trajectory of current trends and set and reach goals for child well-being well above those currently achieved.

Part One: Baselines
Child Well-Being in Iowa— Identifying and Interpreting Trends

As stated in the foreword, a first step to establishing accountability is to understand current conditions and trends in child well-being. This helps to establish the baselines for creating goals or benchmarks for action.

Last year's Iowa Kids Count data book, *Family Matters*, provided fourteen-year trend data on eight indicators of child well-being — from 1980 through 1993. This year adds 1994 and 1995 data to that picture.

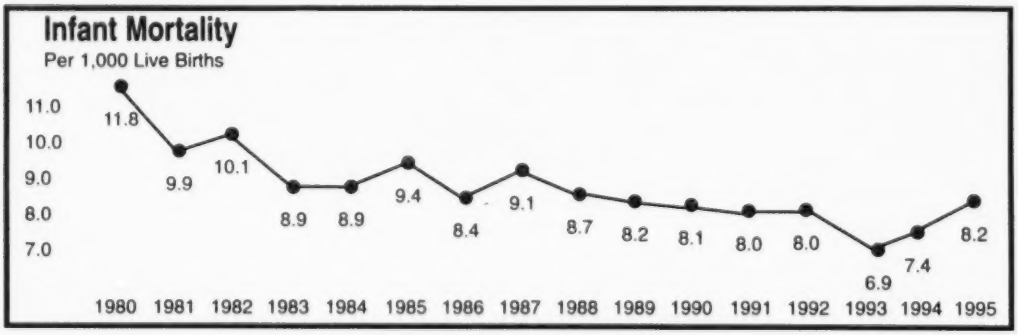
1994 and 1995 Data in Brief

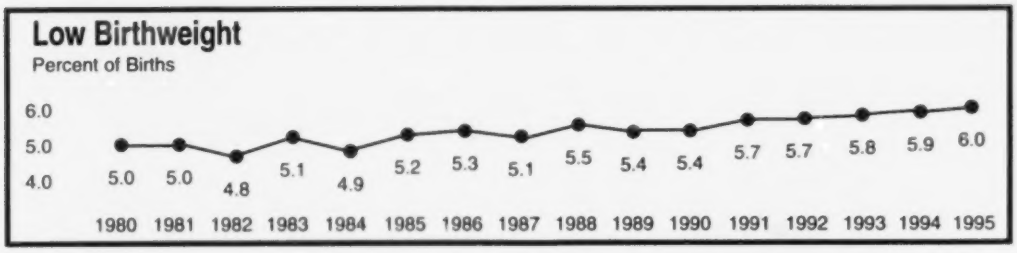
With the exception of a small improvement in high school graduation rates, the well-being of Iowa's children declined across the measures used by Iowa Kids Count from their position in 1993. In many instances, these figures reflect a continuation of longer-term trends or were very small in nature. In the case of infant mortality, there was a significant increase over 1993 rates, which had been dramatically below those in subsequent years. In the case of teen violent deaths, the rate spiked up substantially from the rates in the previous four years. In 1994 and 1995, child abuse continued the steady increase it had shown the previous few years.

While one or two-year changes should not be taken as a sign of any new trend, the 1994 and 1995 figures are sobering ones. When most indicators move in the same direction, and some move quite significantly, it is a sign that the longer-term movements may be changing. Clearly, the 1994 and 1995 data present a picture of greater urgency for addressing the trends reflected over the last decade and one-half.

1980-1995 Trend Data

The eight indicators of child well-being used by Iowa Kids Count were selected because of their availability annually on a statewide and county basis, their reliability in measuring underlying conditions of children, and their inclusion, as a set, of measures of the health,





educational, and social well-being of children. The following discusses the trends over the last fifteen years on each of these eight indicators.

Infant mortality and low birthweight. Infant mortality, which measures the death rate of infants under one year of age, showed a marked improvement over the fourteen years beginning in 1980, decreasing from a rate of 11.8 deaths per 1,000 live births in 1980 to a low of 6.9 in 1993. Infant mortality rose to 7.4 in 1994, however, and increased to 8.2 in 1995. While the long-term trend has been downward, latest figures are cause for concern on whether this downward trend will continue into the future, without some additional action and effort.

While the long-term reduction in infant mortality rates is positive, this trend is tempered by the fact that the low birthweight percentage (the percentage of infants born at less than 5.5 pounds) has increased from 5.0% to 6.0% over that same period.

Most of the improvements in infant mortality can be attributed to medical advances keeping premature, low birthweight babies alive, often at substantial cost to the health care system. Meanwhile, low birthweight is an indicator of future health problems and concerns, including preventable long-term disabilities. Many low birthweight births are a reflection of the absence of comprehensive prenatal care or poor nutrition and support.

Further gains in infant mortality and a reversal in the incidence of low birthweight babies are possible, but only through improvements in prenatal health care and other supports for pregnant women, particularly those most socially vulnerable.

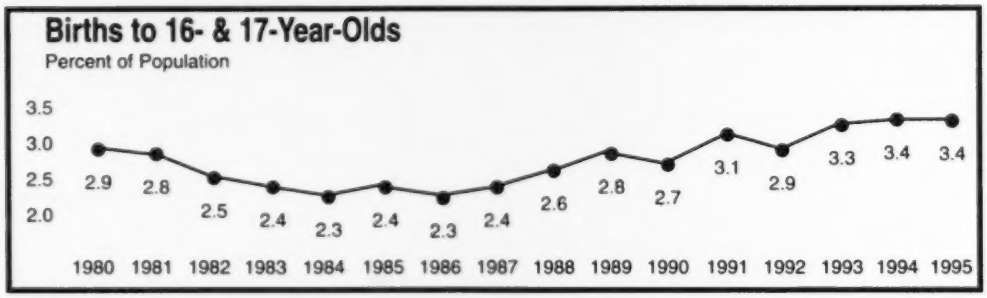
Adolescent parenting. Births to 16- and 17-year-olds and births to unmarried teens are major causes for societal concern. The percent of births among young women in the 16- and 17-year-old age bracket, after falling during the first half of the 1980's, has risen dramatically over the last nine years. Overall, the birth rate among 16- and 17-year-olds in Iowa has increased by 17.2% from 1980 to 1995, and by 47.8% from 1986 to 1995. This trend has consequences for two generations. In addition to adolescents being ill-equipped both to parent and to pursue their own growth and development to adulthood, adolescent parenting also is associated with other poor outcomes for their children such as low birthweight, poverty,

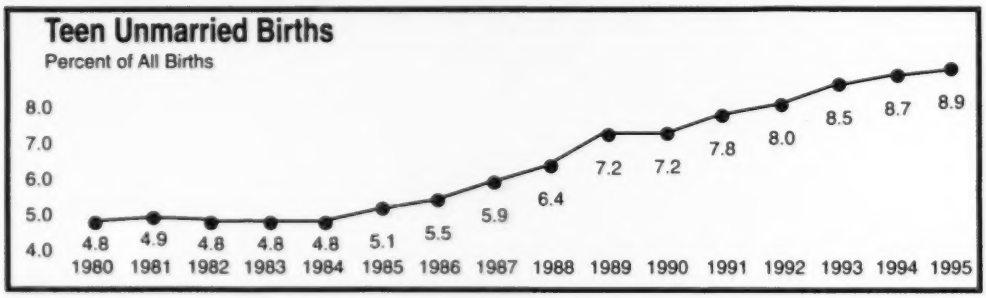
and child abuse and neglect.

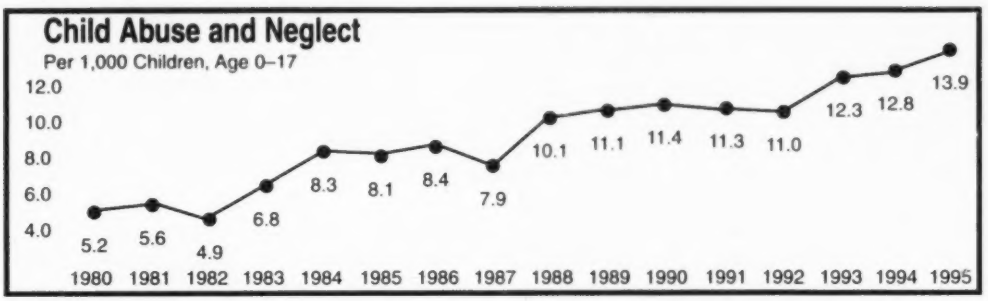
The trend in teen unmarried births as a proportion of all births is even more profound. Since 1980, the proportion of all births in Iowa to unmarried teens (nineteen and under) has increased from 4.8% to 8.9%. This trend actually is made up of several different trends — the recent increase in adolescent childbearing rates, the reduced likelihood that adolescents who do have children will marry, and the reduced birth rate among married women. The trend in teen unmarried births as a proportion of all births has implications to the overall well-being of society, not only in terms of the specific needs of those adolescent parents unprepared for parenting roles, but also in terms of the proportion of children who are likely to place special demands upon Iowa's educational and social systems.

Child abuse and neglect. The rate of founded cases of child abuse has shown the greatest increase of all the Kids Count indicators presented. The child abuse rate increased 167.3% from 1980 to 1995. Moreover, studies have shown that child abuse and neglect are strongly related to later harmful outcomes for children, such as school failure, delinquency, adolescent parenting, alcohol and other substance abuse, and mental health problems.

Some of this increase, particularly in the early years, may be attributable to increased reporting and investigation of child abuse and neglect rates. National studies, however, have shown that there has been an increase in the actual incidence of child abuse and neglect within society, with Iowa trends in reported and founded cases of child abuse and neglect consistent with







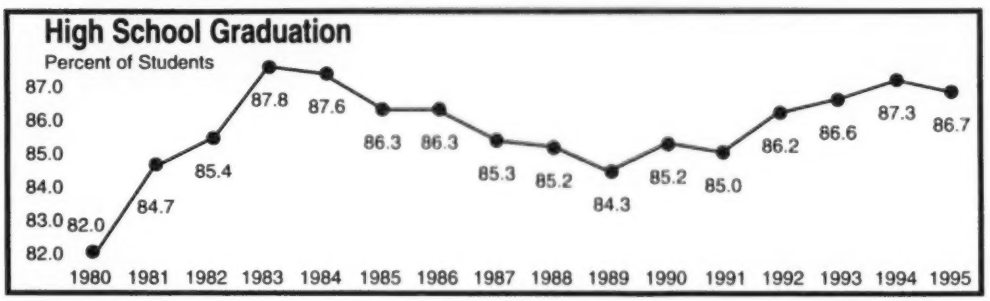
trends in other states and the nation as à whole.

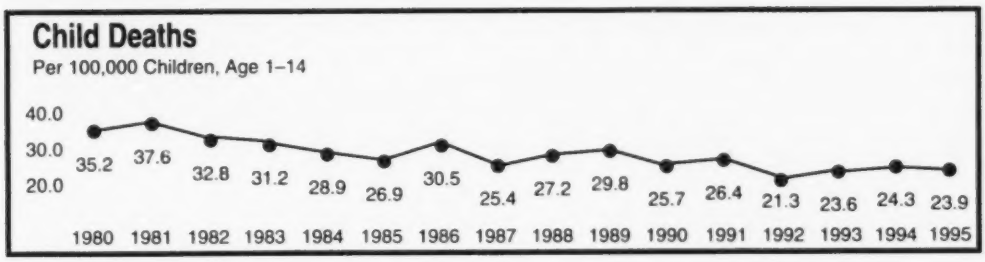
High school graduation. The high school graduation percentage, which is the percentage of students entering seventh grade who graduate with their class six years later, rose in the first half of the 1980's and then declined, but subsequently has risen again to near its sixteen-year high.

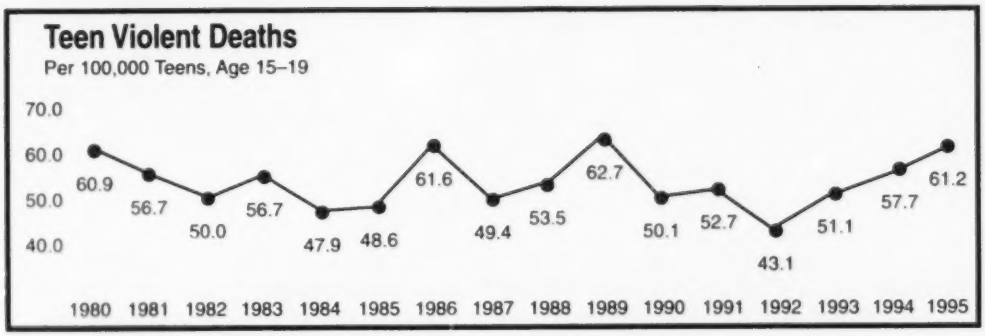
Overall, however, the gain over the sixteen year period from 1980 to 1995 has been a modest one, from 82.0% to 86.7%, or a 5.7% increase. During the same period, the earning potential of young adults not graduating from high school has declined by more than 40%. For the one in eight youth who do not complete high school with their peers, the future is a grim one, with much greater risk of poverty and dependency than was the case a decade and one-half ago.

Child and teen violent deaths. Similar to infant mortality, the mortality indicator for children also has improved significantly during the last sixteen years. The death rate for children age one to fourteen has declined from 35.2 per 100,000 in 1980 to 23.9 per 100,000 in 1995, although most of the gain came in the first half of this period.

Teen violent death rates (which measures the death rates for teens age 15–19 from suicides, homicides, and motor vehicle accidents) also had shown some decline over this period, from 60.9 per 100,000 in 1980 to 51.1 per 100,000 in 1993, but with an increase to 61.2 per 100,000 in 1995.







Because the majority of deaths in both groups is due to automobile accidents (in 1995, 86 of the 122 teen violent deaths were from motor vehicle accidents, 30 from suicides, and 6 from homicides), the decreases may be due to increased use of seat belts and child safety restraints, an increased awareness of the consequences of drinking and driving, and improved medical technology, including emergency medical responses.

Trend Interpretation

The implications of these trends to Iowa's future economic and social vitality should be of major concern.

The gains in infant and child survival are encouraging, but they do not have major implications to Iowa's economic and social costs and well-being on a macro-level. They have deep meaning to the children and families whose lives are maintained, but they ultimately impact only a tiny proportion of all Iowa children and families. Iowa needs to remain diligent in improving these rates, and particularly vigilant over changes in these trends. At the same time, however, achieving gains in these areas is not sufficient to protect and insure the well-being of Iowa's children.

The gains in educational attainment require a contextual interpretation. At the current rates of gain, they risk failing to keep pace with society's demands for increasing skills in the workforce of the future. Moreover, it will become increasingly important to look beyond high school completion for measures of educational success — to post-

secondary enrollment and completion rates. Clearly, however, the proportion of youth not graduating from high school with their peers constitutes a strain on future economic growth in Iowa.

The increases in low birthweight births, adolescent parenting, and child abuse and neglect rates all present trend lines that are unacceptable to the future well-being of Iowa and its children and youth. Each produces social costs and concerns that are felt at that macro-level.

Moreover, as the next part of *Baselines and Benchmarks* shows, these conditions and trends are not inevitable and immutable consequences of humankind. They can be altered; these outcomes can be improved. They present a compelling argument for urgency in our actions to address the needs of children and youth for security, support, and opportunities for growth.

Part Two: Benchmarks
Setting Targets for Improving the Well-Being of Iowa's Children

The first part of *Baselines and Benchmarks* described the conditions and trends of child well-being in Iowa, a first step in developing accountability. A second step is to establish realizable goals and objectives regarding those trends.

There are a number of ways to establish these goals and objectives, or *benchmarks*. It is clear that, while the overall vision for society may be that "all children succeed to their full potential," this does not mean that infant mortality or low birthweight ever will be eliminated, or even that child abuse and neglect can be reduced to zero. It does not mean that all children will complete high school on time or that tragic deaths of children and youth will not occur. It does not mean that some adolescents will not experiment with sex and some young women will not become pregnant.

Still, there are a variety of ways to establish estimates of what is possible to achieve in Iowa on each of the eight Iowa Kids Count indicators. These can then be used to establish *benchmarks* to evaluate progress in achieving these rates over time.

One way to identify what is achievable is to contrast Iowa's rates with places or groups which do a particularly good job in ensuring child well-being. This can include subpopulations within the overall population or comparisons with other localities, states, or even countries. It even can include comparisons with earlier points in time. While Iowa compares well on most indicators of child well-being with the country as a whole, the picture is quite different when compared with the best-performing parts of the country, or with the United States' major trading partners and competitors internationally. On some indicators, such as rates of child abuse and rates of adolescent parenting, comparisons to earlier points in time in Iowa are important, as well.

Another way is by professional examination and analysis of what is achievable and, in particular, what portion of current poor outcomes are preventable. Both at the national and state level, goals for the year 2000 have been established for a number of indicators of child health (*Healthy People 2000* and *Healthy Iowans 2000*) and for a number of educational outcomes (*The National Education Goals Report* and *Iowa's Progress toward the National Education Goals*).

The following presents available information for setting benchmarks in Iowa on each of the eight indicators of child well-being, and suggests realizable objectives that extend into the 21st Century.

Infant mortality. With an infant mortality rate of 8.2 per 1,000 in 1995, Iowa's rate is slightly above that for the country as a whole, 7.9 per 1,000 in 1995.

The United States' major trading partners and competitors — Canada, Great Britain, Germany,

France, and Japan — all have rates substantially below those for Iowa (6.8, 7.0, 6.3, 6.5, and 4.3, respectively). In the United States, New Hampshire has achieved a rate of 6.1 or below for 1991 through 1993.

Nationally, *Healthy People 2000*, coordinated by the Public Health Service under the Bush administration and representing the perspectives of twenty-two expert working groups, established health goals for America by the year 2000. A similar effort, *Healthy Iowans 2000*, established Iowa-specific goals and strategies. Both reports established an infant mortality goal, by the year 2000, of no more than 7.0 per 1,000 live births.

In the longer term, however, a medically and socially achievable goal for infant mortality clearly is below this figure. While the 7.0 figure will be difficult to achieve in Iowa by the year 2000, a long-term goal should be well below that figure, at least in the 6.0 to 6.5 range.

Low birthweight. Iowa's low birthweight rate of 6.0% compares favorably with the most recently reported national rate of 7.2%. Again, however, this rate is substantially above that for the best performing state, Alaska, whose rate has been below 5.0% for the last five years. Moreover, in the early 1980's, Iowa's low birthweight rate was below 5.0% on two occasions, with a low of 4.8% in 1982.

Both *Healthy People 2000* and *Healthy Iowans 2000* established a year 2000 goal for the low birthweight rate of no more than 5%. While this will be a difficult goal to achieve by the year 2000, experiences suggest that even lower rates are possible and that an achievable longer-term goal might be in the 4.5% to 4.8% range.

Births to 16- and 17-year-olds. Clearly, the goal in the country and in Iowa is to delay parenting at least until the completion of high school. In addition, the goal is to prevent adolescent pregnancies from occurring, whether or not they result in births. A "zero tolerance" goal would be to eliminate all pregnancies and births to 16- and 17-year-olds, but that clearly is not attainable.

Both *Healthy People 2000* and *Healthy Iowans 2000* established goals related, but not identical, to the Iowa Kids Count indicator. *Healthy People 2000* established a goal for pregnancies among 15- to 17-year-old women. *Healthy Iowans 2000* revised that indicator to be births to the 15- to 17-year-old population, because there is no way to identify and record pregnancies.

While Iowa compares well on most indicators of child well-being with the country as a whole, the picture is quite different when compared with the best-performing parts of the country, or with the United States' major trading partners and competitors internationally.

The *Healthy Iowans 2000* goal is to reduce the incidence of births among women 15–17 to no more than 1.55%. Iowa's current rate for 15- to 17-year-olds is 2.6%, and 3.4% for 16- to 17-year-olds. Nationally, the rate of births to 15- to 17-year-olds was 3.8%, with Vermont ranking second among states with a rate of 1.7%.

Achieving the current goal of 1.55% for 15- to 17-year-olds by the year 2000 for Iowa would require a 40.4% reduction in the birth rate. Translated to the 16- and 17-year-old population, the Iowa Kids Count indicator, that reduction would result in a birthrate of 2.0%. This represents a realistic goal for the year 2000 and beyond.

Teen unmarried births. One of the most frequently reported indicators in the press is that of teen unmarried births. Because it is affected not only by teen birth rates, but also by marital decisions and by birthrates among women of all ages, the national Kids Count data book has stopped using it as an indicator and neither *Healthy People 2000* nor *Healthy Iowans 2000* have established goals in this area.

Still, teen unmarried birth rates continue to be reported, and represent an important indicator of societal well-being. Again, Iowa's current rate of 8.9% compares favorably with the country as a whole on the percentage of all births who are to unmarried teens. The most recent national figures (1994) indicate that 10.0% of all births in the country are to unmarried teens. However, Iowa does less well contrasted with certain other states. In Utah, for instance, the proportion of births in 1994 that were to unmarried teens was only 6.1% of all births.

Iowa's benchmark in this area should be consistent with the benchmark established for 16- and 17-year-olds birth proportions and should take into account demographic changes in the Iowa population. A very general target would be for a reduction of 40% in the proportion of unmarried teen births to all births by the year 2000, or a rate of 5.3%.

Child abuse and neglect. Developing a goal for child abuse and neglect is much more difficult than for the other indicators. In part, this is because different states have different ways of defining and reporting child abuse and neglect, so there are no comparisons that can be drawn with other states. In part, this is because there is less clinical information on potentially achievable results.

Clearly, however, the current rate of child abuse and neglect (13.9 per 1,000 children) is too high. The benchmarks determined for the other indicators presented call for improvements of 10% to 40% by the year 2000. A reduction in the child abuse rate of 20% would result in a rate of 11.1 in the year 2000.

High school graduation. While all national report cards on the well-being of children include measures of high school graduation rates, there are a number of different ways to measure that graduation rate.

On any measure used, Iowa ranks favorably contrasted with the country as a whole. In the *1996 Kids Count Data Book*, for instance, Iowa ranked second in the country in the percent of teens aged 16-19 who are high school dropouts. Iowa's rate of 5% was far better than the national rate of 9%. Only Wisconsin has had a better rate over the last six years, averaging 4%.

This figure is different in size than the high school graduation rate presented in Iowa Kids Count reports, but very comparable in other respects. Iowa Kids Count reflects the percentage of an age group that graduates from high school, on time, with their class. Iowa's rate of 86.7% is still very high; national figures generally present a graduation rate on this measure of 70-75%.

The National Education Goals Report provides a different measure for high school graduation — the percentage of 19- and 20-year-olds with a high school credential (diploma, G.E.D., or other alternative). This information is not available on an annual basis for Iowa, however. The Second National Education Goal states that, "By the year 2000, the high school graduation rate will increase to at least 90 percent." Under Iowa Kids Count calculations, Iowa falls short of that goal. Using the *National Education Goals Report* definition, Iowa's high school credential rate among 19- and 20-year-olds was 93% in 1990.

For the year 2000, however, a goal of 90% school graduation using Iowa Kids Count methodology is realistic and consistent with other goals for the eight indicators. For the longer-term, an improvement to at least 93% to 95% should be sought, in order to reflect society's demands for an increasingly well-educated workforce.

Setting a state goal for the year 2000 and beyond requires some subjective decision-making. For the year 2000, however, a goal of 90% school graduation using Iowa Kids Count methodology is realistic and consistent with other goals for the eight indicators. For the longer-term, an improvement to at least 93% to 95% should be sought, in order to reflect society's demands for an increasingly well-educated workforce.

Child deaths. Deaths among children age 1-14 are a very rare event, but are to some degree also reflective of the broader child health and environmental status. Iowa ranks particularly well among states on this indicator, with 23.9 deaths per 100,000 children, contrasted with the most recent national figure of 30 per 100,000. Iowa has exceeded the *Healthy People 2000* goal of no more than 28 deaths per 100,000 children.

Still, other comparisons suggest some room for improvement. Among states, Massachusetts' rate

consistently has been around 21 per 100,000 over the last five years. Internationally, Western European countries have rates well below those of the United States.

While Iowa has achieved the national goal in this area, further declines are possible. A reduction to 21 per 100,000 by the year 2000 and beyond represents a reasonable benchmark in this area.

Clearly, these goals or *benchmarks* will not be realized without dramatic changes in these general trends. This will require a commitment to implementing strategies that can change the conditions that produce these trends.

Teen Violent Deaths. As with most of the other indicators, Iowa fares better than the national average on teen violent deaths, with a rate of 61.2 per 100,000 teens compared with a national rate of 69 per 100,000. Again, however, other comparisons show room for improvement. Hawaii's rate in 1993 was 34 per 100,000, and has averaged 43.6 between 1985 and 1993.

While there are no specific goals established for this particular designation in *Healthy People 2000* or *Healthy Families 2000*, there are two goals that directly relate to this category. *Healthy Families 2000* calls for a 10% reduction in motor vehicle deaths among 15-24 year-olds by the year 2000. *Healthy People 2000* sets a goal for suicides among 15-19 year-olds of no more than 8.2 per 100,000. In 1995, the motor vehicle death rate in Iowa for 15- to 19-year-olds was 43.1 per 100,000 and the suicide rate was 15.0 per 100,000. Lowering the motor vehicle death rate by 10% and reducing the suicide rate to the *Healthy People 2000* goal would reduce the overall teen violent death rate to 50.0 per 100,000.

Based upon *Healthy People 2000* and *Healthy Families 2000*, a year 2000 goal for Iowa would be no more than 50 teen violent deaths per 100,000 teens. An achievable longer-term goal would be in the 35 to 45 range.

Conclusion. As much as possible, the *benchmarks* for each of the eight Iowa Kids Count indicators were derived from comparisons with actual achievements in other locations in the country or the world, or with expert analysis of the improvements that are possible given today's understanding and technology.

All eight of these are presented, along with 1980 and 1995 figures, to show the task ahead. Clearly, these goals or *benchmarks* will not be realized without dramatic changes in these general trends. This will require a commitment to implementing strategies that can change the conditions that produce these trends.

Iowa Kids Count Indicator Benchmarks for 2000 and Beyond

	1995 Rate	Trend 1980–95	2000 Bnchmk	2010+ Bnchmk
Infant Mortality (per 1,000 live births)	8.2	better	7.0	6.0–6.5
Low Birthweight	6.0%	worse	5.0%	4.5%–4.8%
Births to 16- & 17-Year-Olds	3.4%	worse	2.0%	2.0%
Teen Unmarried Births (12–19 year-old unmarried as percent of all births)	8.9%	worse	5.3%	5.3%
Child Abuse and Neglect (founded cases per 1,000 children, age 0–17)	13.9	worse	11.1	8.0
High School Graduation	86.7%	slightly better	90%	93%–95%
Child Deaths (per 100,000 children, age 1–14)	23.9	better	21	21
Teen Violent Deaths (per 100,000 teens, age 15–19)	61.2	about same	50	35-45

Note: None of the 2000 benchmarks will be achieved, based upon an extrapolation of current trend lines. Even if the trends in infant mortality, child mortality, and high school graduation continue at the rate they proceeded from 1990 through 1995, they will not reach the year 2000 benchmarks shown above.

Council on Human Investment

Through the Council on Human Investment (CHI), the state of Iowa has developed benchmarks for child and family well-being. These benchmarks were developed based upon a statistically valid survey of Iowans. The mission of the Council is to "develop and implement a system of performance management for state government in Iowa," including establishing benchmarks, developing results-based performance measures for programs, and developing a performance budget based upon results. Benchmarks have been established in five priority areas: strong families, strong communities, healthy Iowans, workforce development, and economic development. Benchmarks under strong families incorporate some of the Kids Count indicators: reduction in child abuse, reduction in pregnancies among teens age 17 and under, increase in high school graduation rate, and reduction in infant mortality. The work of the Council on Human Investment is summarized in *People's Priorities: Iowa Benchmark Report, 1995*, available through the Department of Management, state of Iowa.

Part Three: Metropolitan, Small Urban, and Rural Baselines
Similar Trends, Different Challenges

State baselines and benchmarks are needed for developing state policy and state strategies. State baselines and benchmarks (as well as national baselines and benchmarks) address the overall population. As national baselines and benchmarks are not necessarily appropriate for application to individual states, state baselines and benchmarks are not necessarily appropriate for application to individual Iowa counties.

Iowans frequently speak of the different challenges that exist in rural and urban parts of the state. This part of the report provides additional breakdowns of the Kids Count indicators by county size. The counties are grouped by the size of the largest population center in the county in 1990 into metropolitan counties (including a population center of 50,000 or more inhabitants), small urban counties (with the largest population center of at least 5,000 but less than 50,000 inhabitants), and rural counties (with no population center of 5,000 inhabitants). The detailed data are presented for the three groupings as well as for the state as a whole in tables following this narrative.

Metropolitan, Small Urban, and Rural Comparisons on Overall Rates. The tables clearly show that there are sharp differences across county groupings in the well-being of children on many of the Kids Count indicators. The differences are most pronounced between the metropolitan counties and the rural counties, with small urban counties falling in between the two. Metropolitan counties show consistently higher rates of adolescent parenting, child abuse and neglect, infant mortality and low birthweight rates than do small urban and rural counties. They also show consistently lower rates of high school graduation. By contrast, metropolitan counties consistently show somewhat lower rates of child deaths and teen violent deaths.

Although Iowa ranks well among all states on child well-being indicators, the metropolitan counties are much closer to the national average on most of these indicators. One reason for this is that they are more reflective of the demography of the United States population, as a whole. Population shifts in Iowa also mean that an increasing proportion of Iowa children will reside in those metropolitan counties.

While rural and small urban counties fare better on most of the Iowa Kids Count indicators, those related to child deaths and teen violent deaths should be cause for particular attention. On these, rural counties, in particular, fare worse. The high rates are the result of a much greater likelihood of motor vehicle and other accidental deaths, which may relate to access to emergency medical care and other medical services as well as to transportation safety.

Metropolitan, Small Urban, and Rural Trend Data. The preceding discussed current differences in rates on indicators of child well-being among metropolitan, small urban, and rural populations. While the rates differ across different county types, the trend data are very similar. Small urban and rural counties are experiencing increased rates of adolescent parenting, low birthweight and child abuse that are just as much a cause for concern for them as for their metropolitan counterparts. Progress on high school graduation and infant mortality rates has not occurred in small urban and rural counties over the last half dozen years, and as a result, they have not yet reached optimal levels.

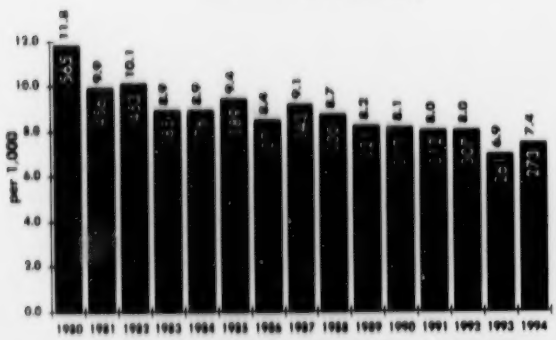
Summary. The information presented here is not designed to promote one type of living over another. Rather, it provides additional information that can be helpful in focussing attention to problems and needs of particular communities, and to developing strategies appropriate to addressing them. Other breakdowns — by family income level, ethnic background, or educational background — also provide helpful information in identifying needed areas of focus. Some of these will be the subject of special Iowa Kids Count reports.

The 1996 Iowa Kids Count report will provide data in this format for all ninety-nine Iowa counties. Counties may wish to compare their data both with the state and with the grouping of counties of which they are a part, as well as to examine the direction in which each of their indicators is heading.

State of Iowa

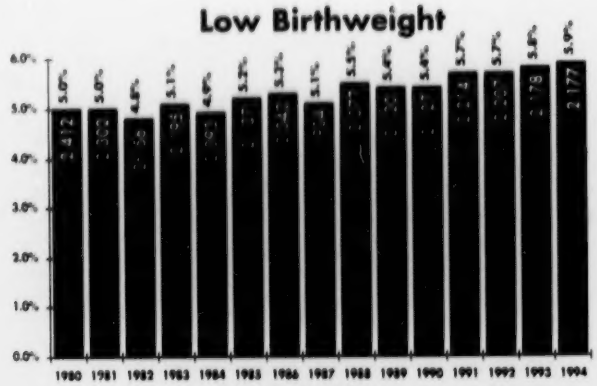
Indicator Data of Child Well-Being

Infant Mortality



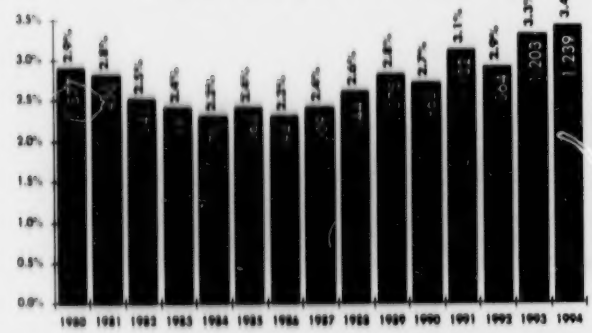
	live births	infant deaths	rate	% change
1980	47,797	565	11.8	
1994	37,057	273	7.4	-37.3%

Low Birthweight



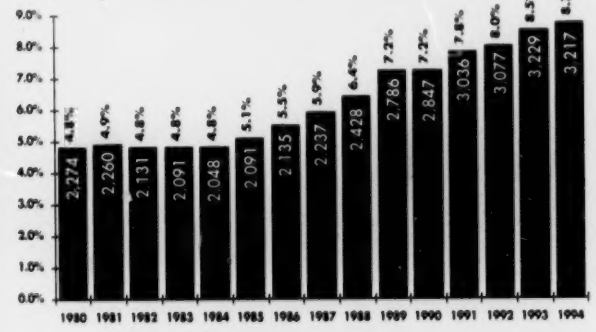
	live births	low bthwt.	%	% change
1980	47,797	2,412	5.0%	
1994	37,057	2,177	5.9%	18.0%

Births to 16–17 Year Olds



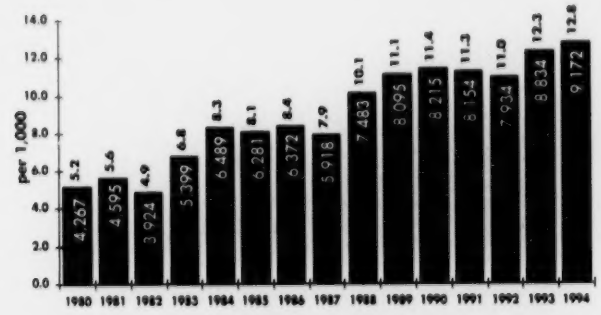
	age 16–17 female pop.	live births	%	% change
1980	53,762	1,577	2.9%	
1994	36,106	1,239	3.4%	17.2%

Teen Unmarried Births



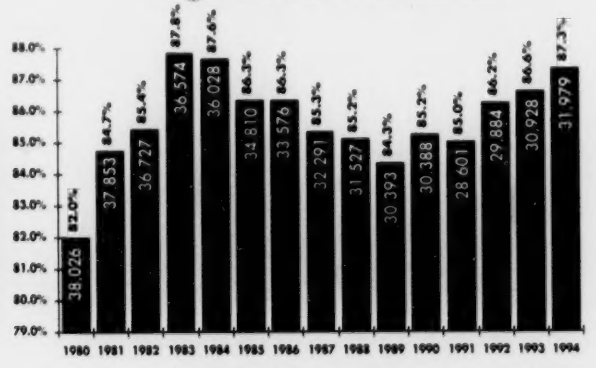
	live births	teen unm. bths.	%	% change
1980	47,797	2,274	4.8%	
1994	37,057	3,217	8.7%	81.3%

Child Abuse & Neglect



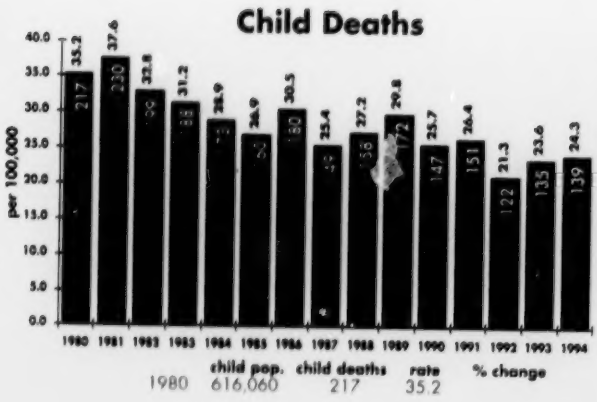
	child pop.	founded cases	rate	% change
1980	825,873	4,267	5.2	
1994	718,880	9,172	12.8	146.2%

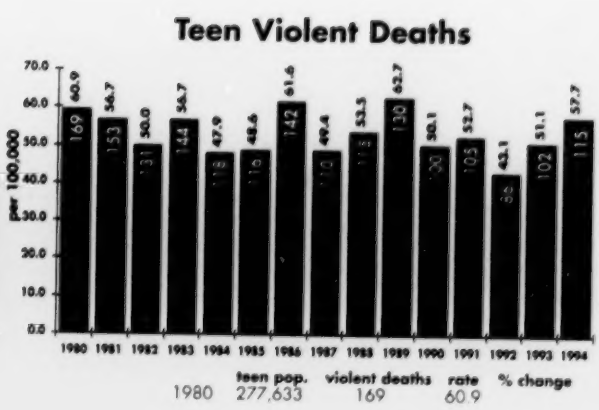
High School Graduation



	avg. class size	graduates	%	% change
1980	46,372	38,026	82.0%	
1994	36,624	31,979	87.3%	6.5%

BEST COPY AVAILABLE





Demographic Data

	Total Population	Children Age 0–17	Percent	Total Families w/Children	Single Parent Families	Percent	Children In Poverty	Percent	All Persons In Poverty	Percent
1970	2,824,376	974,937	34.5%	385,919	30,871	8.0%	97,396	10.1%	318,605	11.6%
1980	2,913,808	825,873	28.3%	396,055	53,754	13.6%	93,997	11.5%	286,173	10.1%
1990	2,776,755	718,880	25.9%	353,603	67,005	18.9%	98,463	14.0%	307,420	11.5%
Change from 1970–1990			-24.9%			136.3%		38.6%		-0.9%

Iowa Kids Count Indicator Definitions

Infant Mortality - number and rate of death(s) of infants during their first year of life. Rate is per 1,000 live births.
Source: Iowa Department of Public Health.

Low Birthweight - number and percentage of live births weighing at less than 5.5 pounds at the time of birth.
Source: Iowa Department of Public Health.

Births to 16-17 Year Olds - number of live births to females age 16-17 and percentage of females age 16-17 giving birth.
Source: Iowa Department of Public Health.

Teen Unmarried Births - number and percentage of live births that are to unmarried teens.
Source: Iowa Department of Public Health.

Child Abuse - number and rate of founded cases of abuse to children age 0-17. Rate is per 1,000 children, age 0-17.
Source: Iowa Department of Human Services.

High School Graduation - number and percentage of students entering seventh grade who graduate with their class six years later.
Source: Iowa Department of Education.

Child Deaths - number and rate of death(s) of children age 1-14. Rate is per 100,000 children, age 1-14.
Source: Iowa Department of Public Health.

Teen Violent Deaths - number and rate of death(s) of teens age 15-19 from suicides, homicides and motor vehicle accidents. Rate is per 100,000 teens, age 15-19.
Source: Iowa Department of Public Health.

BEST COPY AVAILABLE

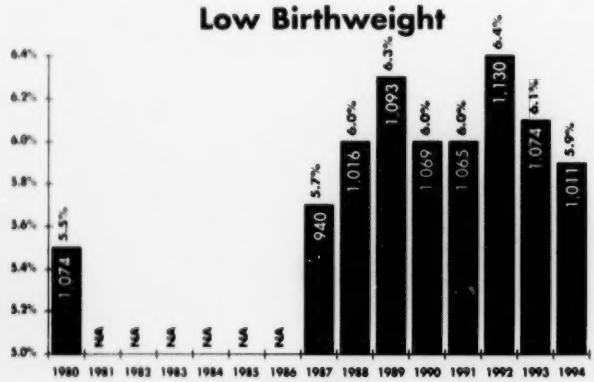
Metropolitan Counties

Indicator Data of Child Well-Being

Infant Mortality

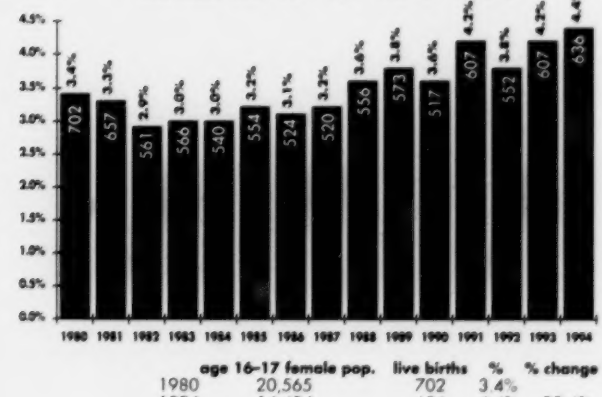
	live births	infant deaths	rate	% change
1980	19,370	272	14.0	
1994	17,127	136	7.9	-43.6%

Low Birthweight



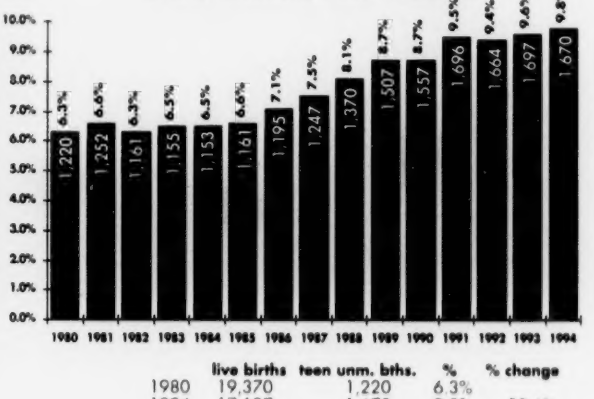
	live births	low bthwt.	%	% change
1980	19,370	1,074	5.5%	
1994	17,127	1,011	5.9%	7.3%

Births to 16–17 Year Olds



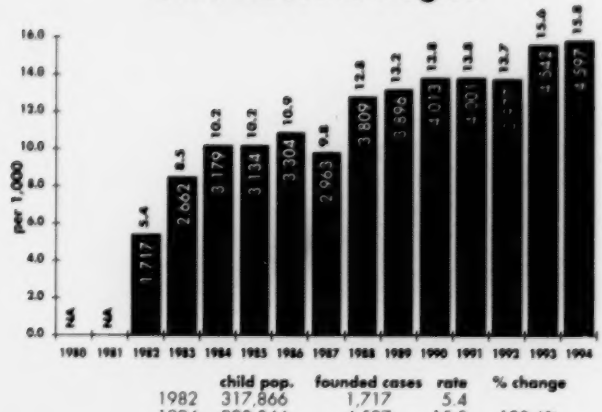
	age 16–17 female pop.	live births	%	% change
1980	20,565	702	3.4%	
1994	14,434	636	4.4%	29.4%

Teen Unmarried Births



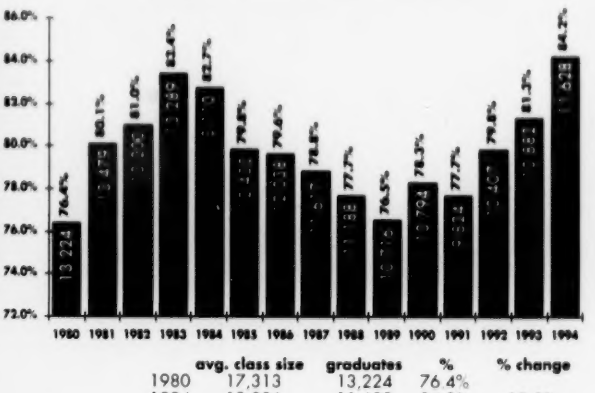
	live births	teen unm. bths.	%	% change
1980	19,370	1,220	6.3%	
1994	17,127	1,670	9.8%	55.6%

Child Abuse & Neglect



	child pop.	founded cases	rate	% change
1982	317,866	1,717	5.4	
1994	290,844	4,597	15.8	192.6%

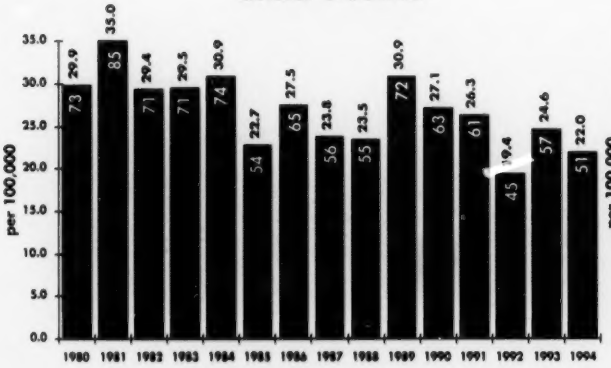
High School Graduation



	avg. class size	graduates	%	% change
1980	17,313	13,224	76.4%	
1994	13,806	11,628	84.2%	10.2%

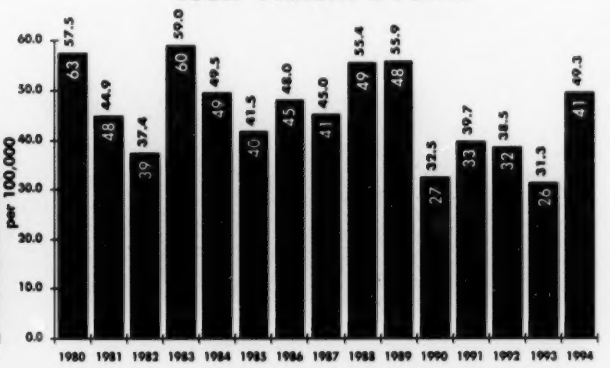
BEST COPY AVAILABLE

Child Deaths



	child pop.	child deaths	rate	% change
1980	243,780	73	29.9	
1994	232,085	51	22.0	-26.4%

Teen Violent Deaths



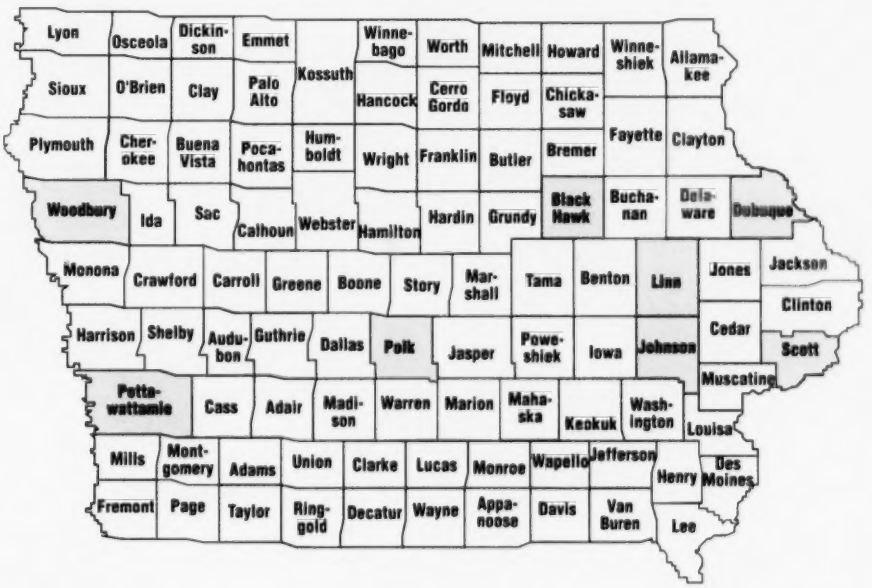
	teen pop.	violent deaths	rate	% change
1980	109,648	63	57.5	
1994	83,183	41	49.3	-14.3%

Demographic Data

	Total Population	Children Age 0-17	Percent	Total Families w/Children	Single Parent Families	Percent	Children In Poverty	Percent	All Persons In Poverty	Percent
1970	1,077,696	381,886	35.4%	151,897	14,794	9.7%	31,649	8.3%	101,676	9.7%
1980	1,133,835	324,621	28.6%	157,061	26,943	17.2%	32,123	10.0%	98,983	9.0%
1990	1,134,110	290,844	25.6%	145,362	32,574	22.4%	39,412	13.9%	124,205	11.3%
Change from 1970-1990			-27.7%			130.9%		67.5%		16.5%

Metropolitan Counties

Black Hawk	Polk
Dubuque	Pottawattamie
Johnson	Scott
Linn	Woodbury

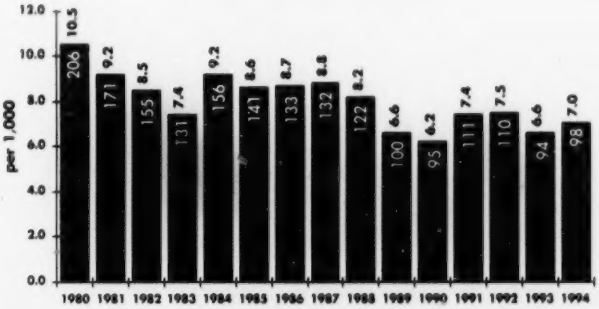


BEST COPY AVAILABLE

Small Urban Counties

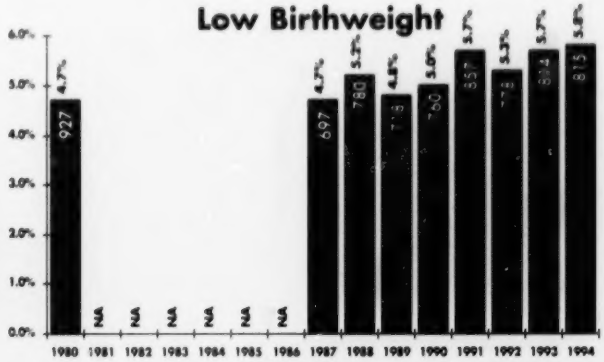
Indicator Data of Child Well-Being

Infant Mortality



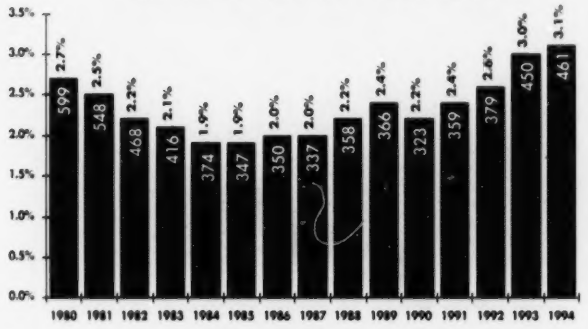
	live births	infant deaths	rate	% change
1980	19,532	206	10.5	
1994	14,100	98	7.0	-33.3%

Low Birthweight



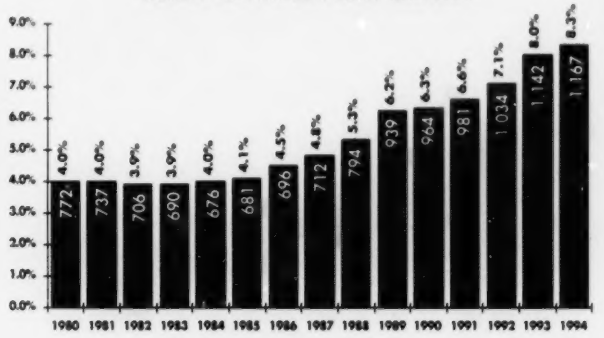
	live births	low bthwt.	%	% change
1980	19,532	927	4.7%	
1994	14,100	815	5.8%	23.4%

Births to 16–17 Year Olds



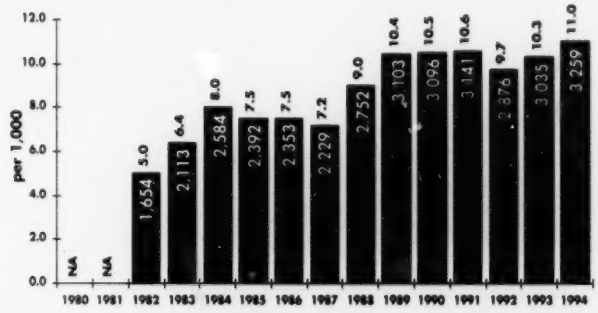
	age 16–17 female pop.	live births	%	% change
1980	22,472	599	2.7%	
1994	14,802	461	3.1%	14.8%

Teen Unmarried Births



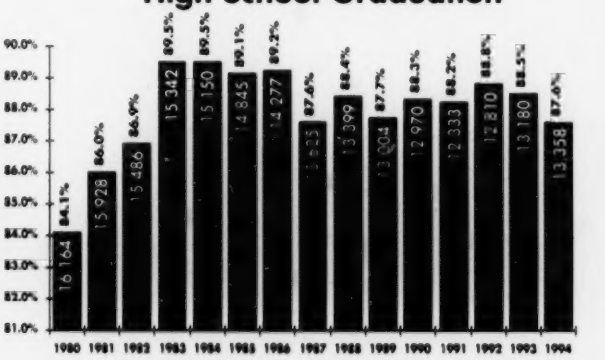
	live births	teen unm. bths.	%	% change
1980	19,532	772	4.0%	
1994	14,100	1,167	8.3%	107.5%

Child Abuse & Neglect



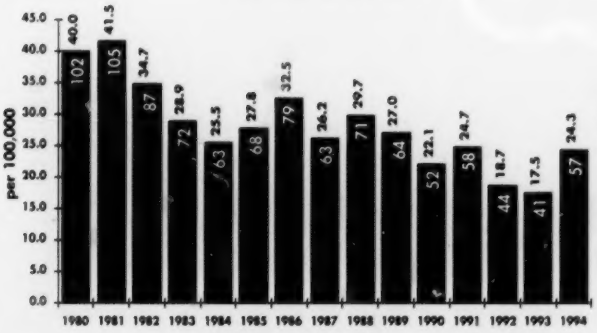
	child pop.	founded cases	rate	% change
1982	332,837	1,654	5.0	
1994	295,087	3,259	11.0	120.0%

High School Graduation



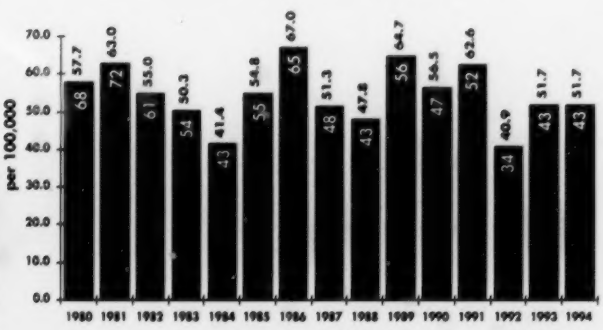
	avg. class size	graduates	%	% change
1980	19,219	16,164	84.1%	
1994	15,250	13,358	87.6%	4.2%

Child Deaths



	child pop.	child deaths	rate	% change
1980	254,735	102	40.0	
1994	234,840	57	24.3	-39.3%

Teen Violent Deaths



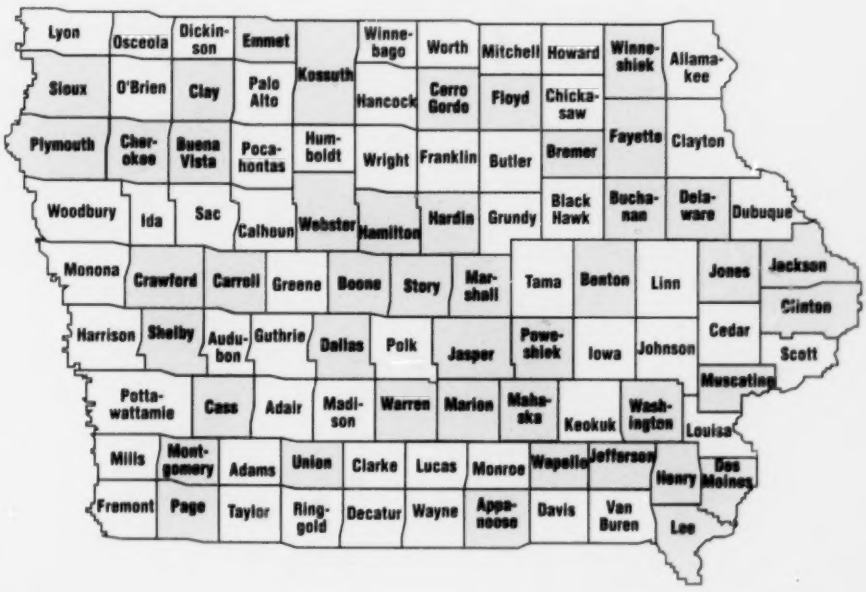
	teen pop.	violent deaths	rate	% change
1980	117,759	68	57.7	
1994	83,125	43	51.7	-10.4%

Demographic Data

	Total Population	Children Age 0–17	Percent	Total Families w/Children	Single Parent Families	Percent	Children In Poverty	Percent	All Persons In Poverty	Percent
1970	1,178,992	401,966	34.1%	159,032	11,540	7.3%	41,319	10.3%	136,243	12.0%
1980	1,212,568	342,274	28.2%	163,718	19,553	11.9%	38,535	11.4%	117,534	10.1%
1990	1,134,533	295,087	26.0%	144,638	25,357	17.5%	39,169	13.5%	122,853	11.3%
Change from 1970–1990			-23.8%			139.7%		31.1%		-5.8%

Small Urban Counties

Appanoose
Benton
Boone
Bremer
Buchanan
Buena Vista
Carroll
Cass
Cerro Gordo
Cherokee
Clay
Clinton
Crawford
Dallas
Delaware
Des Moines
Emmet
Fayette
Floyd
Hamilton
Hardin
Henry
Jackson
Jasper
Jefferson
Jones
Kossuth
Lee
Mahaska
Marion
Marshall
Montgomery
Muscatine
Page
Plymouth
Poweshiek
Shelby
Sioux
Story
Union
Wapello
Warren
Washington
Webster
Winneshiek

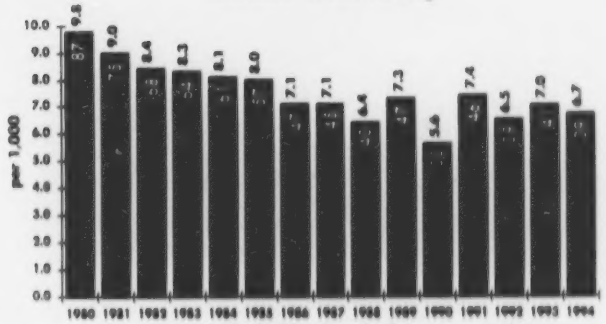


BEST COPY AVAILABLE

Rural Counties

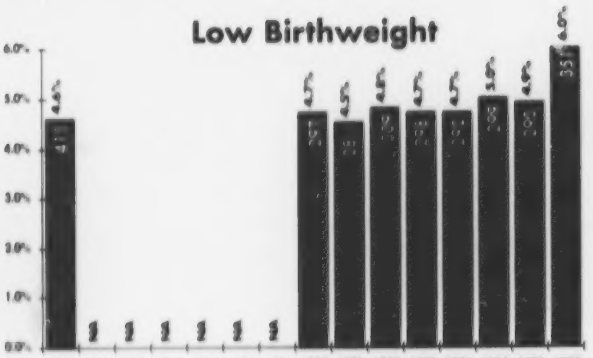
Indicator Data of Child Well-Being

Infant Mortality



	live births	infant deaths	rate	% change
1980	8,895	87	9.8	
1994	5,830	39	6.7	-31.6%

Low Birthweight

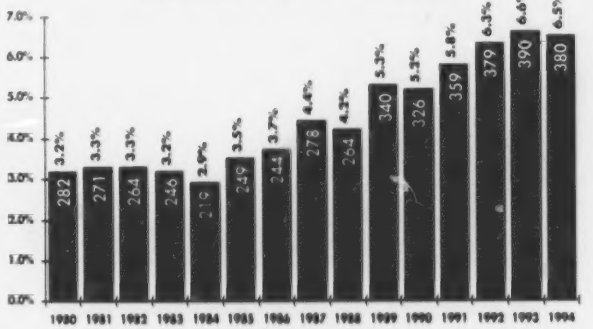


	live births	low bthwt.	%	% change
1980	8,895	411	4.6%	
1994	5,830	351	6.0%	30.4%

Births to 16-17 Year Olds

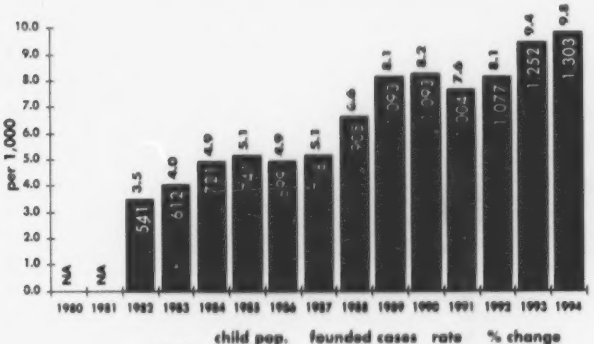
	age 16-17 female pop.	live births	%	% change
1980	10,725	276	2.6%	
1994	6,870	142	2.1%	-19.2%

Teen Unmarried Births



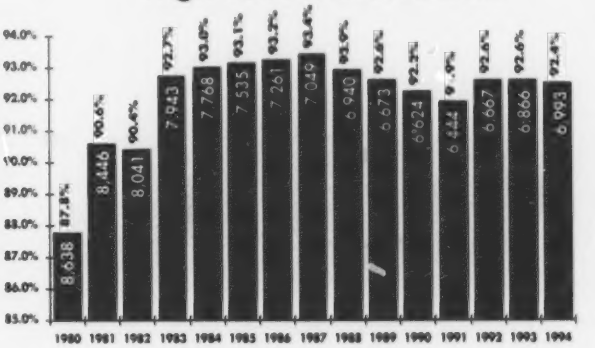
	live births	teen unm. bths.	%	% change
1980	8,895	282	3.2%	
1994	5,830	380	6.5%	103.1%

Child Abuse & Neglect



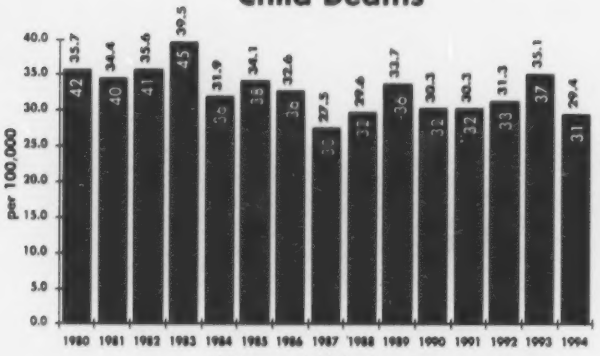
	child pop.	founded cases	rate	% change
1982	153,772	541	3.5	
1994	132,949	1,303	9.8	180.0%

High School Graduation



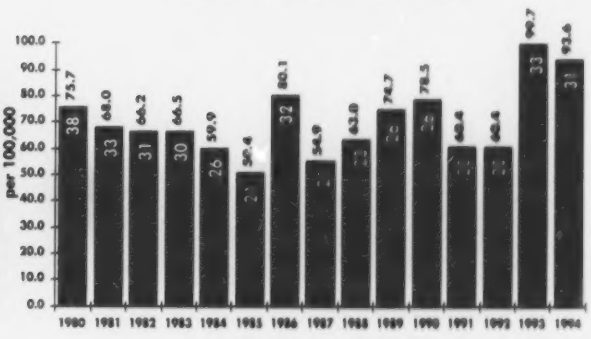
	avg. class size	graduates	%	% change
1980	9,840	8,638	87.8%	
1994	7,568	6,993	92.4%	5.2%

Child Deaths



	child pop.	child deaths	rate	% change
1980	117,545	42	35.7	
1994	105,533	31	29.4	-17.6%

Teen Violent Deaths



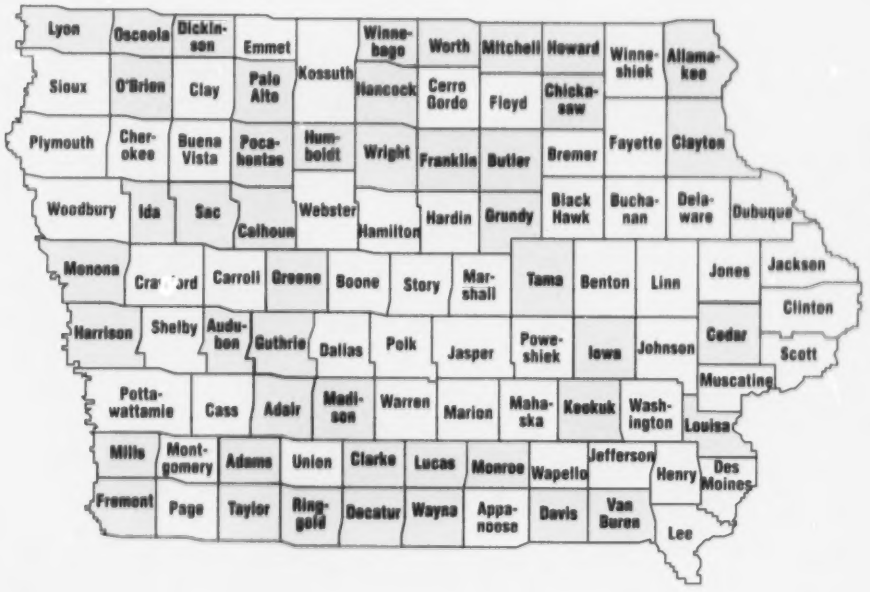
	teen pop.	violent deaths	rate	% change
1980	50,226	38	75.7	
1994	33,108	31	93.6	23.6%

Demographic Data

	Total Population	Children Age 0–17	Percent	Total Families w/Children	Single Parent Families	Percent	Children In Poverty	Percent	All Persons In Poverty	Percent
1970	567,688	191,085	33.7%	74,990	4,537	6.1%	24,428	12.8%	80,686	14.5%
1980	567,405	158,978	28.0%	75,276	7,258	9.6%	23,339	14.8%	69,656	12.6%
1990	508,112	132,949	26.2%	63,603	9,074	14.3%	19,882	15.2%	60,362	12.2%
Change from 1970–1990			-22.3%			134.4%		18.8%		-15.9%

Rural Counties

Adair
Adams
Allamakee
Audubon
Butler
Calhoun
Cedar
Chickasaw
Clarke
Clayton
Davis
Decatur
Dickinson
Franklin
Fremont
Greene
Grundy
Guthrie
Hancock
Harrison
Howard
Humboldt
Ida
Iowa
Keokuk
Louisa
Lucas
Lyon
Madison
Mills
Mitchell
Monona
Monroe
O'Brien
Osceola
Palo Alto
Pocahontas
Ringgold
Sac
Tama
Taylor
Van Buren
Wayne
Winnebago
Worth
Wright



BEST COPY AVAILABLE

Acknowledgements

This publication and the Iowa Kids Count Initiative were made possible through a grant from the Annie E. Casey Foundation to the Child and Family Policy Center. The Child and Family Policy Center is a non-profit organization designed to better link research and policy on issues vital to children and families. The Center was founded by Tanager Place, a charitable organization in Cedar Rapids, Iowa.

The Center would like to thank the Annie E. Casey Foundation for its support of this effort. In addition, the Center would like to thank in particular those who have collaborated in this effort through their service on the Steering Committee: Harold Coleman from the Commission on Children, Youth, and Families; Beth Henning from the State Library of Iowa; Mary Nelson from the Department of Human Services; and Lesia Oesterreich and Karen Shirer from the Iowa State University Extension Service. The Center also thanks Karman Hotchkiss for her help in designing the publication.

For Further Information

In addition to its annual report on the well-being of Iowa children, the Iowa Kids Count Initiative publishes a newsletter which is available upon request. Persons and organizations wishing to receive further publications of the Iowa Kids Count Initiative should contact Mike Crawford, Project Director, Child and Family Policy Center, 1021 Fleming Building, 218 6th Avenue, Des Moines, IA 50309 (515-280-9027).

CHILD & FAMILY POLICY CENTER

Child and Family Policy Center
1021 Fleming Building
218 6th Avenue
Des Moines, Iowa 50309

Founded by:
Tanager Place
Cedar Rapids

We'd Like Your Comments

Please complete this information, cut, fold and mail to the address on the reverse side.

I believe *Baselines and Benchmarks* ...

will	will not	
____	____	help me in my work.
____	____	contribute to my general knowledge.
____	____	be something I share with others.

In future editions, I would like to see the following changes made to *Baselines and Benchmarks* (data presented, manner in which charts and tables are provided, narrative statements, etc.):

_____

_____

_____

_____

_____

_____

I would like to see *Baselines and Benchmarks* disseminated to the following groups or organizations with which I work:

_____

_____

_____

_____

☐ I would like to be placed on the mailing list for future reports from the Iowa Kids Count Initiative.

Name _____

Address _____

City, State, ZIP _____

Fold Here

Place
Stamp
Here

Iowa Kids Count
1021 Fleming Building
218 6th Avenue
Des Moines, IA 50309